

Account No.

Check this box if you have not
received a current set of SUW forms. ☐

NOTICE of CHANGE or DISCONTINUANCE

LEGAL BUSINESS NAME AND ADDRESS

MAILING NAME AND ADDRESS

CHANGE OUR LEGAL BUSINESS NAME AND ADDRESS TO:
(If P.O. Box No., you must include street address)

CHANGE OUR MAILING NAME AND ADDRESS TO:

All filers, including EFT Filers, are required to file a paper annual return.

Use only if you discontinued or made changes to your business. Complete the back and mail this form to: Michigan Department of Treasury, Registration Unit, P.O. Box 30778, Lansing, MI 48909-8278

1. Our correct federal employer identification number is: _____
We changed to a: ____ LLC ____ Ltd. Partnership ____ Sole Proprietorship ____ Corporation ____ Partnership
2. We discontinued our business on : _____
Enter the address where you may be reached after the discontinuance or sale of your business on the front.
We sold **part or all** (circle one) of our business on: _____
Enter the buyer's name and address: _____
3. To add a tax, you need to complete the appropriate application available on the Treasury Web site:
www.michigan.gov/businessstax
4. **Delete** the following taxes or licenses from my registration.

____ sales tax	____ income tax withholding	____ LPG dealer license
____ use tax	____ motor carrier license	____ gasoline wholesaler's license
____ single business tax	____ diesel dealer license	____ motor fuel tax license or exempt. certificate
		____ tobacco products tax license
5. Our corporate name has changed or is different from the one printed on the front.
Enter the correct name on the front.
6. Our seasonal business is now open during these months: _____
7. Attach any information explaining any other changes you may have had (mergers, etc.).
8. These changes are effective as of this **date**: _____

Preparer's Signature	Preparer's Telephone Number	Date